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Exploring a Diffusion of Benefit: Does a Woman With Breast Cancer Derive Benefit From an Intervention Delivered to Her Partner?

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The American Cancer Society estimated that in 2010 more than 260,000 new cases of invasive and in-situ breast cancer would be diagnosed in the United States (Jemal, Siegel, Xu, & Ward, 2010). For the woman with breast cancer, the diagnosis and treatment experience often is associated with profound fatigue, physical discomfort, psychosocial distress, changes in body image and sense of self, as well as altered routines at work and within the family (Badger, Braden, & Mishel, 2001; Bloom et al., 1987; Landmark, Strandmark, & Wahl, 2001; Longman, Braden, & Mishel, 1996; Loveys & Klaich, 1991; Nosarti, Roberts, Crayford, McKenzie, & David, 2002). For the partner, the breast cancer experience can be equally overwhelming when witnessing a loved one's increased vulnerability, struggling to support her emotional and physical needs, addressing ongoing family and work demands, and coping with personal emotional changes and worries about the future (Lewis, Cochrane, Zahlis, & Shands, 2005; Lewis, Fletcher, Cochrane, & Fann, 2008; Northouse, 1992; Samms, 1999; Zahlis & Shands, 1991). The psychosocial impact of breast cancer is compounded by associations between psychosocial morbidity and coping in the partner and distress in the diagnosed woman (Baider & Kaplan De-Nour, 1999; Ben-Zur, Gilbar, & Lev, 2001; Brusilovskiy, Mitstifer, & Salzer, 2009; Giese-Davis, Hermanson, Koopman, Weibel, & Spiegel, 2000; Hinnen, Hagedoorn, Ranchor, & Sanderman, 2008; Manne, Ostroff, Winkel, Grana, & Fox, 2005; Northouse, Templin, & Mood, 2001) and between the quality of the marital relationship and the couple's psychosocial responses (Bloom et al., 1987; Fergus & Gray, 2009; Rodrigue & Park, 1996; Weihs, Enright, Howe, & Simmens, 1999).

Purpose/Objectives: To provide preliminary data on a diffusion of psychosocial benefit to women diagnosed with breast cancer when only their partners receive a psychoeducational intervention focused on the breast cancer experience.

Design: Single-group, pretest/post-test pilot study; participants served as their own controls.

Setting: Communities in the Pacific Northwest region of the United States.

Sample: 9 women with a first diagnosis of breast cancer within the previous six months whose partners received the Helping Her Heal intervention.

Methods: Data were collected from women pre- and postintervention via standardized questionnaires with established reliability and validity. Confidential exit interviews were conducted after postintervention data were returned.

Main Research Variables: State anxiety (State-Trait Anxiety Inventory Form Y [STAI-Y]), depression (Center for Epidemiologic Studies–Depression scale [CES-D]), and marital quality (Dyadic Adjustment Scale [DAS]; Mutuality and Interpersonal Sensitivity scale).

Findings: Wilcoxon signed-rank tests showed significant improvements on the CES-D ($p = 0.01$), STAI-Y ($p = 0.01$), and DAS affectional expression subscale ($p = 0.03$) in women from pre- to postintervention. Review of exit interview transcripts indicated that women generally were positive about the impact of the program and viewed their partners' gains in communication skills as the greatest benefit of participating.

Conclusions: This study offers preliminary support for a diffusion of psychosocial benefit to women with breast cancer when a psychoeducational intervention is delivered to their partners.

Implications for Nursing: Diffusion of benefit should be examined in a large, randomized, clinical trial to provide evidence for focusing some clinical efforts on partners alone, rather than adding to diagnosed women's burden of multiple clinical encounters.